

# PART B - FEE(S) TRANSMITTAL

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**Alexandria, Virginia 22313-1450**  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 08/01/2003

Denton L. Anderson, Sheldon & Mak  
 225 South Lake Avenue  
 9th Floor  
 Pasadena, CA 91101



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Norman Anderson	(Depositor's name)
<i>[Signature]</i>	(Signature)
9-29-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/833,958	04/12/2001	Georges Baikoff	32774 PCT A USA	3818

TITLE OF INVENTION: SCLERAL EXPANSION SEGMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	11/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAN, HIEU	3738	623-004100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

O.I.I. INTERNATIONAL, INC.

Ontario, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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(Authorized Signature) *Denton L. Anderson* (Date) 9/29/03

Denton L. Anderson, 30,153

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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10/09/2003 GGEBREG1 00000142 09833958

01 FC:1501	1300.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

B#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
BAIKOFF, Georges

Serial No.: 09/833,958

U.S. Filing Date: 04/12/2001

For: **SCLERAL EXPANSION SEGMENT**

) Group Art Unit: 3738

) Examiner: PHAN, Hieu

) Pasadena, California

TRANSMITTAL LETTER

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed please find the following for the above-identified Application:

- (1) Issue Fee Transmittal;
- (2) Issue Fee and Advance Order Fee of \$1,630.00, check number \_\_\_\_\_;
- (3) a return receipt post card.

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 19-2090.

Respectfully submitted,

SHELDON & MAK

Date: 9/29/03

By: Denton L. Anderson

Denton L. Anderson  
Reg. No. 30,153

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Phone: (626) 796-4000  
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CERTIFICATE OF MAILING: I hereby certify that this paper is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to:  
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Signed: Norman Anderson

Norman Anderson